

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029163

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 110

FILED AUG 12 1963

VS 300
Rev. 4/59

1 0611

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		c. CITY OR TOWN Macon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS (If outside, give location) 322 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DENVER Middle HENRY Last FLOWERS		4. DATE OF DEATH Month July Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/21/1903
9. AGE (last birthday) 59		10. IF UNDER 1 YEAR Months 5 Days 23	
11. IF UNDER 24 HR Hours 5 Min. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Flowers		13b. MOTHER'S MAIDEN NAME Ella Pickle	
14. NAME OF HUSBAND OR WIFE Hazel Wood Flowers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO	
16. SOCIAL SECURITY NO. 9		17. INFORMANT Address Mrs. Hazel Flowers Macon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Embolism DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (d)			INTERVAL BETWEEN ONSET AND DEATH 5 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			20c. TIME OF INJURY Hour 12 a.m. 30 p.m.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Macon			COUNTY Missouri STATE Missouri
21. I attended the deceased from July 17 to July 23 and last saw her/him alive on July 23, 1963 Death occurred at 12:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James E. Campbell MD (Degree or title)			22b. ADDRESS Macon, Mo.
22c. DATE SIGNED 7/29/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-26-1963	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens
23d. LOCATION (City, town, or county) Macon, Missouri		23e. DATE RECD. BY LOCAL REG. 8/2/63	
23f. REGISTRAR'S SIGNATURE Ruth McCreedy			
24. FUNERAL DIRECTOR Bram Funeral Home ADDRESS Macon, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip E Brown

Licensed Embalmer No. 5182

P. O. Address Macon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.